

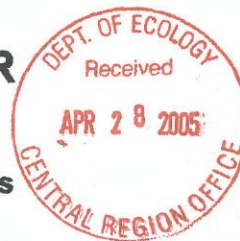


EMERGENCY DROUGHT REQUEST

SEASONAL

STATE OF WASHINGTON

APPLICATION FOR CHANGE/TRANSFER OF WATER RIGHT



For filing with Ecology or with County Conservancy Boards

A MINIMUM FEE OF \$10.00 PAYABLE TO ECOLOGY MUST ACCOMPANY THIS APPLICATION

(Check all that apply.)

- ☐ Change purpose(s) of use
- ☐ Add purpose(s) of use
- ☒ Change point(s) of diversion/withdrawal
- ☐ Add point(s) of diversion/withdrawal
- ☒ Change/transfer place of use
- ☐ Other (i.e. consolidation, intertie, trust water)

Explain: **PARTIAL SEASONAL TRANSFER
WITHIN BASIN --
EMERGENCY DROUGHT REQUEST**

FOR OFFICE USE ONLY	
CHANGE No.	<u>CS4-WRC/138366@6</u> WRIA <u>48</u>
DATE ACCEPTED	<u>04/29/05</u> BY <u>[Signature]</u>
FEE \$	<u>20.00</u> REC'D <u>4/20/05</u>
CHECK No.	<u>6484</u>
SEPA:	<input type="checkbox"/> Exempt <input type="checkbox"/> Not exempt

2 of 2

****IF MORE SPACE IS NEEDED, ATTACH ADDITIONAL SHEETS (PLEASE PRINT OR TYPE CLEARLY)****

1. Applicant Information:

APPLICANT/BUSINESS NAME	PHONE NO.	FAX NO.
ARROWLEAF HOMEOWNERS' ASSOCIATION	(206) 274-5112	(206) 274-5121
c/o Law Office of Thomas M. Pors		
ADDRESS		
1420 5 TH Avenue, Suite 2200		
CITY	STATE	ZIP CODE
Seattle	WA	98101
CONTACT NAME (IF DIFFERENT FROM ABOVE)	PHONE NO.	FAX NO.
	()	()
ADDRESS		
CITY	STATE	ZIP CODE

CS4-WRC/138366@6

Based
TAFT @3
CHROE

2. Water Right Information:

WATER RIGHT OR CLAIM NUMBER CS4-WRC138366@3	RECORDED NAME(S) David C and Tana Taft
DO YOU OWN THE RIGHT TO BE CHANGED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
IF NO, PROVIDE OWNER(S) NAME: David C and Tana Taft	
HAS THE WATER BEEN PUT TO BENEFICIAL USE IN THE LAST FIVE (5) YEARS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	

Please attach copies of any documentation that demonstrates consistent, historical use of water since the right was established. Also, if you have a water system plan or conservation plan, please include a copy with your application.

3. Point(s) of Diversion/Withdrawal:

A. Existing

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
Well		SE	NE	16	35N	20E		

B. Proposed

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
Arrowleaf Well 1		NE	SE	22	36	19E		
Arrowleaf Well 4		SW	NE	22	36	19E		
Arrowleaf Well 2		NW	NE	16	36	19E		
Arrowleaf Well 3		NE	SW	15	36	19E		

DO YOU OWN THE EXISTING AND PROPOSED POINT(S) OF DIVERSION/WITHDRAWAL?

EXISTING: ☐ YES ☒ NO

PROPOSED: ☒ YES ☐ NO - IF NO, PROVIDE OWNER(S) NAME:

Existing POW owned by David C and Tana Taft

Please include copies of all water well reports involved with this proposal. Also, if you know the distances from the nearest section corner to the above point(s) of diversion/withdrawal, please include that information in Item No. 6 (remarks) or as an attachment.

4. Purpose of Use:

A. Existing

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
Irrigation of 5 acres	50 gpm	11.1	May 1 to October 1

B. Proposed (Partial Seasonal Transfer)

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
Irrigation of 5 acres	50 gpm	11.1	2005 irrigation season

FOR OFFICE USE ONLY

APP. NO. _____ PERMIT NO. _____ CERT. NO. _____ CERT. OF CHANGE NO. _____

5. Place of Use:

A. Existing

LEGAL DESCRIPTION OF LANDS WHERE WATER IS PRESENTLY USED:							
A portion of HES No. 181, also know as Okanogan County Tax Parcel No. 8849500033							
¼	¼	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
SE	NE	9	35	20E	Okanogan	8849500033	5.0
DO YOU OWN ALL THE LANDS IN THE EXISTING PLACE OF USE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO – IF NO, PROVIDE OWNER(S) NAME: David C and Tana Taft							

B. Proposed

LEGAL DESCRIPTION OF LANDS WHERE NEW USE IS PROPOSED:							
Arrowleaf Lots 1A, 1B, 2 and 4, part of HES 89, 90, 91, 92, 93 and 94 in Sections 22 through 27, 15 and 16, T. 36N, R. 19E, W.M.							
¼	¼	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
DO YOU OWN ALL THE LANDS IN THE PROPOSED PLACE OF USE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO – IF NO, PROVIDE OWNER(S) NAME: Arrowleaf Lot 1A – John and Barbara O'Halloran; Arrowleaf Lot 1B – Ted and Iris Wagner; Arrowleaf Lot 2 – Tom and Sonia Campion; Arrowleaf Lot 4 – The Trust for Public Land							

Attach a detailed map of your proposed change/transfer. The map should show existing and proposed point(s) of diversion/withdrawal, place of use and any other features involved with this application. If platted property, please include a certified copy of the plat map.

Are there any ADDITIONAL WATER rights OR CLAIMS RELATED to the same property as the ONE PROPOSED FOR CHANGE/TRANSFER? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO – IF YES, PROVIDE THE WATER RIGHT/CLAIM NUMBER(S): Existing: Cert. 4096; Proposed: CS4-WRC115861@2; CG4-24312@1; CG4-24313(B)@1; CG4-24314(B)@1


6. Remarks and Other Relevant Information:

Immediate authorization is requested to continue irrigating Arrowleaf Lots 1A, 1B, 2 and 4 after the Methow River instream flow cutoff; this seasonal change will prevent injury or loss to new native grass and shrub plantings for conservation/restoration of meadows and wildlife enhancement purposes. This project is consistent with the Arrowleaf stewardship plan prepared by the Trust for Public Land, which, along with the Washington Department of Fish & Wildlife, supports and manages open space covenants on the Arrowleaf parcels proposed for continued irrigation.

This is an emergency drought application due to a state-declared drought emergency. The applicant's existing water rights are restricted due to instream flow limitations. New conservation plantings will not survive without immediate approval of this seasonal transfer. Telephonic approval is requested at the earliest opportunity.

7. Signatures:

I certify that the information above is true and accurate to the best of my knowledge. I understand that in order to process my application, I am hereby granting staff from the Department of Ecology or the County Conservancy Board access to the above site(s) for inspection and monitoring purposes. If assisted in the preparation of the above application, I understand that all responsibility for the accuracy of the information rests with me.



Thomas M. Pors, attorney for Arrowleaf
Homeowners Association (Applicant)

4 / 25 / 2005

(Date)

David Taft (Water Right Holder)

(Date)

David Taft (Land Owner(s) of Existing Place of Use)

(Date)

IMPORTANT! APPLICATION FILING INFORMATION IS PROVIDED ON THE NEXT PAGE.

WE ARE RETURNING YOUR APPLICATION FOR THE FOLLOWING REASON(S):

- ☐ APPLICATION FEE NOT ENCLOSED ☐ MAP NOT INCLUDED or INCOMPLETE
- ☐ ADDITIONAL SIGNATURES REQUIRED ☐ SECTION _____ IS INCOMPLETE
- ☐ OTHER/EXPLANATION: _____

STAFF: _____ **DATE:** ____/____/____

I certify that the information above is true and accurate to the best of my knowledge. I understand that in order to process my application, I am hereby granting staff from the Department of Ecology or the County Conservancy Board access to the above site(s) for inspection and monitoring purposes. If assisted in the preparation of the above application, I understand that all responsibility for the accuracy of the information rests with me.

Thomas M. Pors, attorney for Arrowleaf
Homeowners Association (Applicant)

____/____/____
(Date)

DT

David Taft (Water Right Holder)

4/21/05
(Date)

DT

David Taft (Land Owner(s) of Existing Place of Use)

4/21/05
(Date)

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STAFF: _____ DATE: ____/____/____